Alaska Health Care Commission

Meeting Discussion Guide

August 22, 2013

WITH MEETING NOTES

Q&A on EBM with Mike and Sheri

Evidence-based Medicine *Notes from Discussion/Brainstorming Session*

- Core Strategy #1 needs to be qualified
  - Critically appraised evidence
- Add "critically appraised" every place EBM appears in our document
- Add definition of EBM
- Include transparency
- Do we need an "Evidologist"? (Is this different from an epidemiologist?)
- DOA hiring a quality improvement specialist
- Recommend principles and standards of critically appraised EBM be applied in state policy

Evidence-based Medicine *Notes from Discussion/Brainstorming Session*

- Recommend the approach be used as part of doing business, rather than specifying it be built with state employees (limitations on ability to add new staff).
  - Need understanding in-house, don't necessarily need to build it ourselves.
  - New hires need to be trained in this capability
  - Should be part of doing business through-out health care system (not just state gov)
  - Don't name profession in making recommendations regarding staffing
  - People trained in quality improvement/assurance tend to focus on process efficiency and don't necessarily have critical appraisal skills
- Recommend that we Promote patient access to critically appraised evidence (e.g. Dynamed) – how can/do we do this? Without overwhelming them with more information. What's a starting point for patients – in terms of providing
- People don't really care about price they care about value, so having this info available for patients on quality is helpful

Evidence-based Medicine *Notes from Discussion/Brainstorming Session*

- Caution re: database studies (which are observational studies)
- We should have staff with skills in critical appraisal

- **ADD 2 New Recommendations:**
- **How do we support physicians/clinicians have better/easy access to this information and skill?**
  - **Include expectation that clinician training programs supported by state government incorporate these principles into training**
- **How do we support patients/general public to have access to this information and understanding?**
  - **Consult with HealthWise, Marty (Sheri will provide contact info)**
  - **Should this just apply to health plans to provide for plan members?**

- State as Payer, State as Regulator, State as information gatherer/provider, State as education/training subsidizer

2010 Evidence-based Medicine Findings

- **Finding a:** Waste in the health care system due to misused medical resources is estimated to represent as much as 30% of health care spending.
- **Finding b:** Evidence-based medicine can increase the effectiveness of medical treatment, improve the quality of health care, and reduce health care costs.
- **Finding c:** Public and private health care sectors have demonstrated an increasing interest in applying evidence-based medicine to policy and practice in response to high and rising costs and variations in quality of health care.
- **Finding d:** Involvement of health care providers and patients in decision-making is essential to the successful application of evidence-based medicine to clinical practice and public and private payer policies.
- **Finding e:** Existing mechanisms to assess patients' compliance with evidence-based medical recommendations are limited.
- **Finding f:** Assessing the outcomes of health care interventions is challenging due to limitations on collecting and sharing data among patients, clinicians, payers, and government agencies.

2010 Evidence-based Medicine Recommendations

- **Recommendation a:** The Commission recommends that the Governor and Alaska Legislature encourage and support State health care programs to engage in the application of high grade evidence-based medicine in making determinations about benefit design (covered services, prior authorization requirements, patient cost-sharing differentials) and provider payment methods.

- **Recommendation b:** The Commission recommends that the Governor require State health care programs to coordinate development and application of evidence-based medicine policies to create a consistent approach to supporting improved quality and efficiency in Alaska's health care system.

- **Recommendation c:** The Commission recommends that the Governor require State health care programs to involve health care providers and consumers in decision making related to the application of evidence-based medicine to public policy. The purpose of such involvement is to support a transparent process leading to policies that avoid restricting access to appropriate treatment and that foster informed discussions between patients and clinicians in which individualized, evidence-based choices improve the quality of health care.

- **Recommendation d:** The Commission recommends that the Governor direct State health care programs to seek to incorporate data on patient compliance in developing new provider payment methods and benefit design.

- **Recommendation e:** The Commission recommends that the Alaska Department of Health & Social Services implement a web-based data system for public health information.

Preliminary 2013 Evidence-based Medicine Recommendations *Notes from Discussion/Brainstorming Session*

- **Recommendation f: The Commission recommends the SOA implement a web-based system for making information about critical appraisal of medical evidence available for patients/the general public**
  - But needs to be a targeted useful tool – e.g. as an employer for employees and retirees
  - But should we also have a broader information campaign

Statutory Alignment

- "The commission shall serve as the state health planning and coordinating body."

AS 18.09.070(a)

- " In performing its duties under this chapter, AS 18.09, and AS 18.15.355-18.15.395, the department *(DHSS)* may develop, adopt, and implement a statewide health plan under AS 18.09 based on recommendations of the Alaska Health Care Commission established in AS 18.09.010."

AS 18.05.010(b)(5)(A)

Commission's Role in State Health Plan Development

I. Frame

II. Coordinate

III. Monitor

IV. Refresh

Commission's State Health Planning Responsibilities

I. Frame: Provide framework for State Health Plan

- Vision, Priorities, Core Strategies, Measures
- Analysis of the current condition of the health system
- Key Findings and Policy Recommendations

II. Coordinate: Engage partners and align statewide health planning activities

- Coordinate with DHSS and other State agencies to:
  - Identify areas of alignment between State Health Plan and agency missions, measures, and business plans;
  - Develop Implementation Plan - include specific action steps and measures.
- Coordinate with health system stakeholders to:
  - Identify and align activities of other organizations that contribute to achievement of State Health Plan vision, priorities, and core strategies.

III. Monitor: Convene State agencies and health system stakeholders to facilitate sharing of progress toward vision and outcomes from strategies

IV. Refresh: Conduct periodic review to evaluate results and improve strategies

Statewide Health Plan Process

- Step 1 (2010 – 2012)
  - Commission recommendations developed
- Step 2 (2013 – 2014)
  - Coordinate with DHSS, other state agencies and the community to:
    - Identify alignment with Commission recommendations
    - Document action steps for implementation of the plan
- Step 3 (2014 and beyond)
  - Monitor, evaluate and refresh plan

Stakeholder Meeting Feedback *With Notes from Meeting Discussion*

- **State Health Plan Process**
  - What is the role of other planning bodies and other statewide plans?
    - *We should include the other statewide planning bodies in reporting their recommendations to us*
    - *We have the goals – now for next steps*
      - *State agencies and others come to Commission to share*
      - *How do we measure cost savings? How do we measure health outcomes?*
      - *What are the alignments?*
        - *How do we identify congruity between our plans*
  - What is the role of stakeholders (including providers)?
  - Insurance coverage as a means of increasing access is missing.
    - *Spend time looking at current coverage and impact – 2014 Agenda****

Stakeholder Meeting Feedback

- **Vision Statement**
  - Vision vs. Strategy; Aspiration/Inspiration vs. Realism
  - Focus on healthy people is good. Questions about life expectancy as key measure
  - Ability and desire to reach lowest per capita cost questioned; balanced with concerns that care is no longer affordable
  - Primary care and behavioral health care and oral health care

Stakeholder Meeting Feedback

- **Strategy I: Use best available evidence**
  - Aligned with legislature and other groups
  - Need to address utilization in order to address costs, and evidence-based medicine addresses utilization
  - Patient education and communication is important component
  - There's often an absence of sufficient high-quality evidence

Stakeholder Meeting Feedback

- **Strategy II: Increase Transparency**
  - Consider government mandated "Sticker Price" (e.g. cars)
  - Include all sectors of the health care industry
  - Address critical questions regarding data systems, e.g., privacy and security, ownership, purpose, use, etc.
  - Price paid by patient is what matters most to them
  - Quality measurement is important, but difficult to do
  - Rural Alaskans often do not have a choice of provider

Stakeholder Meeting Feedback

- **Strategy III: Pay for Value**
  - State can most effectively affect State payment strategies
  - Feds have more influence than State in this area – ACA includes payment reform provisions
  - Payment mechanisms/systems need to be transparent (e.g., hospital charge masters/Brill Report)
  - Need technology to make payment systems more efficient
  - Reconstruct fee-for-service reimbursement model which under-values primary care, prevention, behavioral health and cognitive subspecialty care for most complex patients
  - Pharmacy Benefit Managers need to be reconsidered – State could save money by eliminating them
    - *Include PBMs on 2014 Agenda****

Stakeholder Meeting Feedback

- **Strategy IV: Engage Employers**
  - It would be useful to provide employers with data and information about what others are paying and doing

Stakeholder Meeting Feedback *With Notes from Meeting Discussion Session*

- **Strategy V: Enhance Quality & Efficiency at the Front**
  - Primary care needs to include behavioral health
  - Access strategies need to include insurance coverage
  - Include all services, not just primary care
  - Access to primary care is a means, not an end
  - *Important to Provide Care as close to home as possible through technologies such as telemedicine and whatever other means are available, e.g. tribal / VA agreement*

Stakeholder Meeting Feedback

- **Strategy VI: Improve care for seriously/terminally ill**
  - There are seriously mentally ill people – clarify or expand
  - Rural Alaskans want to stay as close to home as possible – need to support that
  - The Commission should be able to get traction on this – need creative thinking, e.g., incentive for Advanced Directives, such as Europe's opt-out for organ donation

Stakeholder Meeting Feedback *With Notes from Meeting Discussion Session*

- **Strategy VII: Focus on Prevention**
  - Need an Outcome related to alcohol use
  - Need focus on what State can do to support/promote healthy lifestyles generally across settings
  - Need high quality population data systems
  - Need to address needs/issues of children at risk
  - Need Commission to formally support coordination of prevention efforts, plus action
  - If supporting screening, must support services for those screening positive
  - *Include sanitation/safe water systems available to homes*

Stakeholder Meeting Feedback

- **Strategy VIII: Build the Foundation**
  - Are our primary care clinician training programs effective at recruiting and retaining graduates into primary care?
  - Are we taking advantage of other models of care providers, e.g., CHAs, DHATs, BHAs?; mid-level practitioners are primary care providers in Alaska
  - Targeting public investment in primary care workforce development is a problem if it doesn't include behavioral health
  - Where/how do we address waste in the health care system? e.g., LEAN
  - Need a smarter way to "contract" (shrink) the health care system when fewer resources are needed
  - Not just physicians are needed – the whole compendium of workers are needed
  - Lack of affordable housing is a significant recruitment/retention problem in rural Alaska

Recommended Strategies

I. Ensure the best available evidence is used for making decisions

II. Increase price and quality transparency

III. Pay for value

IV. Engage employers to improve health plans and employee wellness

V. Enhance quality and efficiency of care on the front-end

VI. Increase dignity and quality of care for seriously and terminally ill patients

VII. Focus on prevention

VIII. Build the foundation of a sustainable health care system

NEXT STEPS

- Commission's 2013 Plans
  - Continue learning about current challenges
    - Health Insurance Costs & Cost Drivers – *June meeting*
    - Health Care Accounting & Pricing 101 – *June meeting*
    - Hospital Readmission Rates (quality metrics; Pay-for-Performance) - *?Oct?*
    - Oral Health & Dental Services – *March meeting*
    - Track Federal Health Care Reform – *all meetings*
  - Strategies for further recommendations
    - Evidence-Based Medicine – *August meeting*
    - Price & Quality Transparency – *March & June meetings*
      - Health Information Infrastructure – *March & June meetings*
    - Employer Engagement – *October meeting*

NEXT STEPS

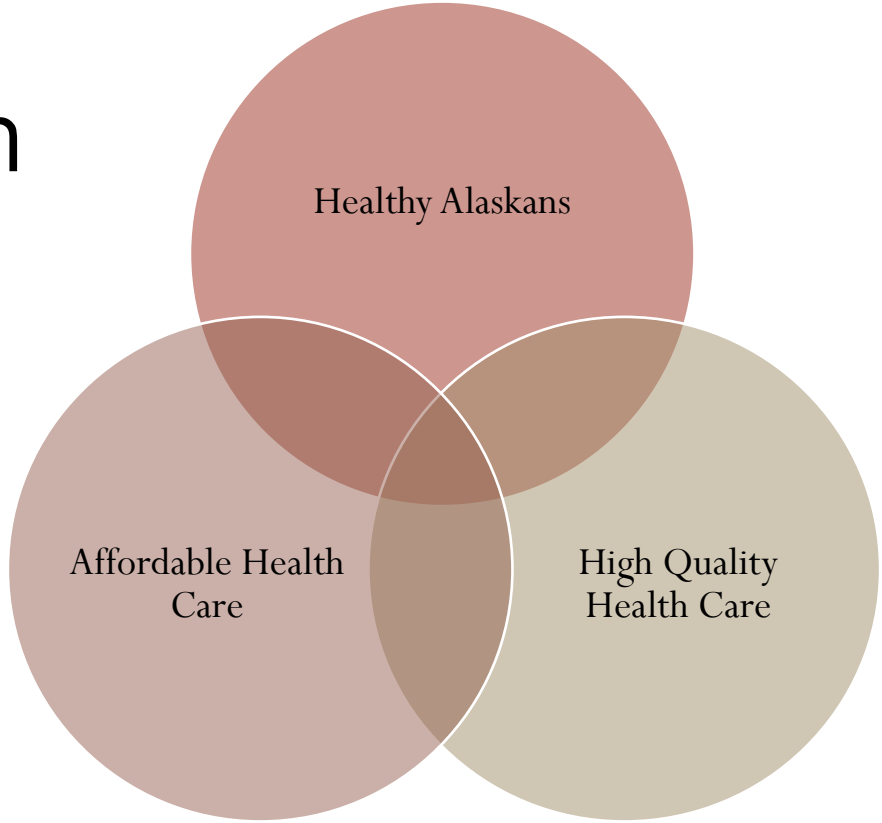
- State Health Plan coordination with DHSS, DOA, WC
  - RBA/RBB; HB 30
  - HA 2020
- Employer Survey
- October Meeting – Employer Engagement Focus (w/CWN?)

2013 Meeting Schedule

- Thursday, March 7 – Friday, March 8
- Thursday, June 20 – Friday, June 21
- *Friday, August 9, 9:00-12:00 noon: State Health Plan Stakeholder Discussion; Anchorage. Commission Members invited - participation not required.*
- Wednesday, August 21 – Thursday, August 22
- Thursday, October 10 – Friday, October 11
- Friday, December 6

Commission's Vision

By 2025 Alaskans will be the healthiest people in the nation and have access to the highest quality most affordable health care.



We will know we attained this vision when, compared to the other 49 states, Alaskans have:

1. The highest life expectancy (currently 29th)
2. The highest percentage population with access to primary care (27th)
3. The lowest per capita health care spending (49th)

Health Care Transformation Strategy

Design Policies to Enhance the Consumer's Role in Health

Through
- *Innovations in Patient-Centered Care*
- *Support for Healthy Lifestyles*

Build the Foundation
- *Statewide Leadership*
- *Sustainable Workforce*
- *Health Info Infrastructure*

To Achieve Goals of
- Increased **Value**
  - Decreased Cost
  - Increased Quality
- Improved **Access**
- **Health**y Alaskans

Foundation for Transformed System